STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185136	A. BUILDING _____ B. WING _____	C 12/21/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY MANOR NURSING CENTER	5012 EAST MANSLICK RD LOUISVILLE, KY 40219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS AMENDED SOD 01/20/11 An abbreviated standard and partial extended survey investigating KY #00015731 and KY #00015573 was initiated on 12/16/10 and concluded on 12/21/10. Immediate Jeopardy was found to exist on 12/17/10 and the facility was notified of Immediate Jeopardy and Substandard Quality of Care on 12/17/10. KY #00015731 and KY #00015573 were substantiated and deficiencies cited were 42CFR 483.25 F323 and 42CFR 483.75 F490. The facility provided an acceptable credible Allegation of Compliance (AOC) on 12/21/10. Immediately Jeopardy was verified to be removed prior to exit on 12/21/10; however, non compliance continues at F323, and F490 at a scope and severity of "E."	F 000		
F 323 SS=K	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, it was determined the facility failed to provide quality care, treatment, and supervision of	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.